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Bib Data Sheet

CONFIRMATION NO. 4310

SERIAL NUMBER 10/710,675	FILING DATE 07/28/2004 RULE	CLASS 438	GROUP ART UNIT 2891	ATTORNEY DOCKET NO. BUR920040116US1
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APPLICANTS

Toshiharu Furukawa, Essex Junction, VT;

David V. Horak, Essex Junction, VT;
Charles W. Koburger III, Delmar, NY;** CONTINUING DATA ***** CC
none** FOREIGN APPLICATIONS ***** CC
none

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 09/17/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY VT	SHEETS DRAWING 11	TOTAL CLAIMS 32	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <u>C. Chandhori</u> Initials _____				

ADDRESS

30449
SCHMEISER, OLSEN + WATTS
3 LEAR JET LANE
SUITE 201
LATHAM, NY
12110

TITLE

Borderless contact structures

FILING FEE RECEIVED 1072	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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